

2008

Curricular Report No. 2007-08-7A from the Graduate Council to the Faculty Senate: Proposal for a Doctor of Nursing Practice.

University of Rhode Island Faculty Senate

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**THE
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FACULTY SENATE**

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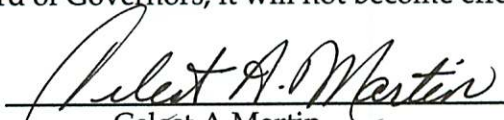
Serial Number #08-09--5

TO: President Robert L. Carothers

FROM: Celest A. Martin, Chairperson of the Faculty Senate

1. The attached BILL, titled Curricular Report No. 2007-08-7A from the Graduate Council to the Faculty Senate: Proposal for a Doctor of Nursing Practice, is forwarded for your consideration.
2. This BILL was adopted by vote of the Faculty Senate on November 20, 2008.
3. After considering this bill, will you please indicate your approval or disapproval. Return the original or forward it to the Board of Governors, completing the appropriate endorsement below.
4. In accordance with Section 10, paragraph 4 of the Senate's By-Laws, this bill will become effective December 11, 2008 three weeks after Senate approval, unless: (1) specific dates for implementation are written into the bill; (2) you return it disapproved; (3) you forward it to the Board of Governors for their approval; or (4) the University Faculty petitions for a referendum. If the bill is forwarded to the Board of Governors, it will not become effective until approved by the Board.

November 21, 2008
(date)


Celest A Martin
Chairperson of the Faculty Senate

ENDORSEMENT

TO: Chairperson of the Faculty Senate

FROM: President of the University

Returned.

a. Approved ____.

b. Approved subject to final approval by Board of Governors ____.

c. Disapproved ____.

11/26/08
(date)


President

Approved 6/29/09

THE UNIVERSITY OF RHODE ISLAND
Kingston, Rhode Island

A Proposal for a Doctorate in Nursing Practice
Fall 2009

A. PROGRAM INFORMATION

1. Name of Institution

The University of Rhode Island

2. College

College of Nursing

3. Title of proposed program and Classification of Instructional Programs (CIP) code

Doctorate in Nursing Practice

CIP code:

4. Intended initiation date of implementation and anticipated date of granting first degree

Initiation date September 2009

First degree date May 2012

5. Intended location of the program

Kingston, RI

6. Description of institutional review process

The proposal was reviewed under the process established by the Faculty Senate in which the Graduate Council serves as the Coordinating and Review Committee. Announcements of the receipt of the proposal were sent to the President and Joint Educational Policy Committee, the Provost and the Council of Deans, the Budget Office and Department Chairs and Directors.

<u>Governing Body</u>	<u>Date Approved</u>
College of Nursing	Feb. 15, 2008
Graduate Council	April 18, 2008
Faculty Senate	November 20, 2008
President of the University	November 26, 2008

7. Summary description

The changing demands of the nation's complex health care environment require that nurses serving in specialty positions have the highest level of scientific knowledge and practice expertise possible. Research by Aiken, Estabrooks, and others have established a clear link between higher levels of nursing education and better patient outcomes. In October, 2004, The American Association of Colleges of Nursing (AACN) adopted the goal that preparation for specialization in nursing should occur at the doctoral level by 2015. The Doctor of Nursing Practice (DNP) Degree will meet this need for advanced knowledge and practice expertise.

Several key factors are occurring that necessitate this change in nursing education. These include:

- the rapid expansion of knowledge underlying practice
- increased complexity of patient care
- national concerns about the quality of health care and patient safety

- shortages of nursing personnel which demand a higher level of preparation for leaders who can design, assess, and evaluate care
- shortages of doctorally prepared clinical nursing faculty
- increasing educational expectations for the preparation of other health professionals.

The National Academy of Sciences, in a 2005 report titled **Advancing the Nation's Health Needs: NIH Research Training Programs**, called for nursing to develop a non-research clinical doctorate to prepare expert clinicians who can also serve as clinical faculty. The DNP is a response to this call to action.

The Institute of Medicine, Joint Commission on the Accreditation of Healthcare Organizations and other authorities have called for reconceptualizing the education of health professionals to meet the needs of the health care delivery system. Nursing is answering that call by moving to prepare advanced practice nurses at the doctoral level to meet complex needs of individual patients, families, health care organizations, and communities.

Nursing is moving in the direction of other health professions in the transition to the DNP. Medicine (MD), Dentistry (DDS), Pharmacy (PharmD), Psychology (PsyD), Physical Therapy (DPT) and Audiology (AudD) all offer practice doctorates as terminal practice degrees. Advanced practice nurses are key members and often leaders of health care teams and must be at a comparable educational level with other members of the multidisciplinary teams.

As a practice doctorate, the DNP offers an alternative to the PhD for nurses seeking a terminal degree in nursing practice. There are major differences between the DNP and the PhD programs. The PhD is the traditional research-focused degree that prepares students to develop new nursing knowledge and produces scientists and scholars. The DNP program produces advanced practice nurses at the highest level of clinical practice, prepares them to translate scientific findings, evaluate outcomes and programs, produce clinical scholarship, and act as leaders who transform health care systems/ policies. DNP- prepared nurses will be well-equipped to fully implement the science developed by nurse researchers prepared in PhD, DNSc and other research-focused nursing doctorates. Comparison of DNP and PhD programs and objectives can be found in **Appendix A**.

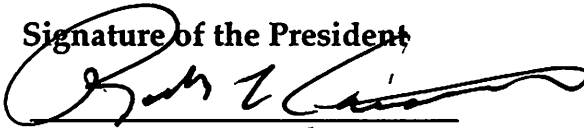
Currently in the College of Nursing, advanced practice nurses such as Nurse Practitioners and Clinical Nurse Specialists are prepared in master's degree programs that carry a high credit load with a large number of clinical hours. The DNP curriculum builds on current master's programs in the College by providing education in evidence-based practice, quality improvement, information systems and technology, epidemiology, health care policy and organizational systems thinking among other key areas. The transition to the DNP will better prepare advanced practice nurses for their current roles given the calls for new models of education and the growing complexity of health care.

Some concern has been expressed about potential competition between DNP programs and PhD programs with a fear that PhD programs will be phased out with declining numbers of students. Nationally, PhD enrollments have only slightly declined over the past ten years. At institutions with both PhD and DNP programs, enrollments in the PhD program actually increased. At the University

of Tennessee in Memphis, enrollments in their PhD program increased from 14 in 1997 to 28 in 2005 with 62 students enrolled in their new DNP program. University of Kentucky had a similar experience with 32 students in their PhD program in 1997 compared to 52 PhD students and 30 DNP students in 2005. These experiences show clearly that the DNP is not in competition with the PhD, but a valuable alternative to the PhD with a synergistic effect for students in both degree programs.

This proposal is for a 42 credit post masters program leading to a Doctorate of Nursing Practice (DNP) degree. The proposed DNP program was developed based on the National Organization of Nurse Practitioner Faculties (NONPF, 2006) guidelines and the 2006 *Essential Competencies for the Practice Doctorate* from the American Association of Colleges of Nursing (AACN). Accreditation of DNP programs will be based on these *Essentials*.

8. Signature of the President



Robert L. Carothers

9. Additional or new required resources

There are no new or additional resources required to implement this program. The courses and program will be run by rearranging current workloads.

10. Person to contact during the review

Don DeHayes
Provost and Vice President for Academic Affairs
401-874-4408
dalynread@mail.uri.edu

College of Nursing
Patricia Burbank DNSc
Professor
401-874-5314
pburbank@verizon.net

11. Signed agreements for any cooperative arrangements made with other institutions/agencies or private companies in support of the program.

There are no cooperative agreements with other agencies or institutions.

B. PURPOSE AND NEED FOR THE DNP PROGRAM

1. Program goals and objectives:

1. Assume a leadership role in advanced practice nursing by designing, implementing and evaluating practice approaches, programs and models of health care delivery.
2. Use a theoretical base to build and disseminate clinical scholarship through collaboration with PhD nurse researchers and others.

3. Engage in the highest level of advanced practice nursing roles with individuals, families, aggregates and populations integrating nursing science with knowledge from ethics, biophysical, psychosocial, analytical and organizational sciences.
4. Initiate, establish and participate in intra and interdisciplinary teams for improving patient and population health outcomes.
5. Address practice issues, ethical issues and improve and transform health care utilizing current knowledge including information systems technology.
6. Provide leadership in the development and implementation of health care policy at the local, state and national levels, advocating for social justice.
7. Translate and contribute to research and clinical scholarship to develop innovations and support evidence-based practice for diverse populations.

The program was developed based on the guidelines and the 2006 *Essential Competencies for the Practice Doctorate* from the American Association of Colleges of Nursing (AACN) and the National Organization of Nurse Practitioners Faculties (NONPF, 2006) guidelines. Accreditation of DNP programs will be based on these *Essentials*. The program outcomes are aligned with the outcomes of the PhD, MS and BS programs and can be found in **Appendix B**.

2. Needs addressed by this program

In October 2004, the American Association of College of Nursing (AACN), the nation's leader in higher education and standardization for the nursing profession, emphasized a need for increased knowledge and skills for clinical leadership across health care delivery sites. Given the complexity and rapidly changing health care environment, Advanced Practice Nurses (APNs) require additional knowledge beyond their master's preparation to assume clinical leadership roles.

According to AACN about 40 institutions in the United States are currently accepting students for a DNP degree. In addition, 140 nursing schools are considering the development of DNP programs. In order to meet the demand for nurses prepared at this level, most DNP programs at the current time are designed for post-master's students. According to AACN, "As the education of the generalist nurse is elevated to the master's degree level, it is reasonable to assume that specialty education and the education of those individuals prepared for the highest level of nursing practice would occur at the practice doctoral level." The transition date of 2015 for the DNP was set far enough in the future to give programs enough time to make a smooth transition and address the role of master's education.

3. External advisory or steering committee

Over the last three years, the AACN has conducted numerous national and regional conferences related to the development of the Doctorate of Nursing Practice. Drs. Patricia Burbank, Denise Coppa and Ginette Ferszt, the three core faculty for developing and implementing the DNP program at URI, and Dean Dayle Joseph and Dr. Donna Schwartz-Barcott, Director of Graduate Studies in Nursing, have all participated in these meetings.

C. INSTITUTIONAL ROLE

1. Consistency with published role and mission of institution

The Doctorate in Nursing Practice fits well with the role and mission of the University with the same consistency as the current Master of Science in Nursing. Advanced practice nurses practice in a variety of settings, including hospitals, private practices, schools, home care, community health clinics, community mental health centers, long term care facilities and geriatric care centers. The Doctorate in Nursing Practice reflects the institution's focus areas of Health, and of Children, Families, and Communities. The College of Nursing faculty members in the existing program share interests and regularly interact with faculty across the University in the areas of thanatology, human development, gerontology, psychology, and pharmacy. The existing master's program provides newly trained nurse clinicians to the state, region, and nation as well as opportunities for continued education to established professionals. The new program will continue these activities, but with greater scope, depth and authority. Given that the master's program at the University of Rhode Island has been graduating Advanced Practice Registered Nurses (APN) since 1985, there are a large number of APNs in Rhode Island and adjoining states. With APNs being able to obtain a Practice Doctorate in the area, it is expected that a substantial number of clinicians will want to seek this advanced educational preparation.

2. Relationships with other programs.

The DNP program will relate to other programs at URI in much the same manner as the current MS and PhD programs. DNP Students will be taking three required courses with other students in the College of Pharmacy, College of Human Science and Services and the College of Business. This will increase the multidisciplinary aspects of their education and thus help them respond to the national call for greater interdisciplinary collaboration. Additionally, it will enhance students' abilities to work across disciplines and provide them with the skills necessary for taking leadership roles in changing the health care system.

D. INTERINSTITUTIONAL CONSIDERATIONS

1. List similar programs offered in the state and region and compare objectives of similar programs.

Nationally there are 40 DNP programs that are admitting students with 140 more under development. In the New England region, there are currently three DNP programs, all in Massachusetts. Two of these are private institutions, MGH Institute for Health Professions and Regis College, with one a state university, University of Massachusetts – Amherst. A DNP program has been approved at the University of Connecticut and is scheduled to begin in the fall of 2008. Please see **Appendix C** for a comparison of these programs with the program being proposed at URI.

One of the unique features of this proposed DNP program is the close link between the PhD and DNP students who will share at least four required courses. By sharing courses, it is expected that natural partnerships between these two groups of students will develop, contributing further to bridging the gap between research and practice.

Another feature of this post master's program is that it builds on four existing areas of Specialization in the Master's program: Family Nurse Practitioner (FNP), Gerontological Nurse Practitioner (GNP), Gerontological Clinical Nurse Specialist (GCNS) and Psychiatric and Mental Health Clinical Nurse Specialist (PCNS). Faculty expertise in these four areas has been established, therefore no additional faculty will be required.

2. Projected impact of program on other Rhode Island public higher education institutions.

Since there are no other Doctorate in Nursing Practice Programs in Rhode Island, there will be no impact.

3. Provisions for transfer students from other Rhode Island public institutions.

Because there is no other DNP program in Rhode Island, there will be no need for transfer provisions.

4. Cooperative arrangements with institutions offering similar Programs.

There are no cooperative arrangements with other institutions offering similar programs.

5. External affiliations

For the clinical component of the DNP program, we will continue to use a wide variety of clinical sites and experiences that are currently used for our other nursing programs. A list of clinical agencies with which we have a current clinical practicum can be found in **Appendix D**. Individual agreements are made for each student. An example of a standard agreement signed by the faculty member and clinical preceptor can be found in **Appendix E**.

6. NEBHE

In nursing, the NEBHE Regional Student Program can only be used if a New England state does not have a graduate nursing program. Even if a nursing program in one state does not offer the area of specialization a student wishes to study on the graduate level, such as gerontology, the regional student program is not available.

E. PROGRAM

1. Curriculum for one program cycle

The proposed DNP program was developed based on the National Organization of Nurse Practitioner Faculties (NONPF, 2006) guidelines and the 2006 *Essential Competencies for the Practice Doctorate* from the American Association of Colleges of Nursing (AACN). The AACN *Essentials* can be found in **Appendix F**. The resulting curricular content aligns well with accreditation standards, referred to as the AACN Essentials and indicates that the proposed model will be successful in preparing future advanced practice nurses.

The entire curriculum is presented to provide a better understanding of the progressive nature of the DNP curriculum as a whole. The pre-requisites include: MS Degree in Nursing, National Certification as an Advanced Practice Nurse, the GRE national standardized test, two letters of recommendation, a standard Graduate School Application, and evidence (by official transcript) that the applicant has passed NUR 500 and NUR 507 or equivalent courses.

a. Program Plan – Post MS Part Time

The curriculum schedule with course numbers, titles, and credits as well as corresponding relationship to the AACN-DNP *Essentials* are presented below in table form. Detailed information including catalog descriptions, course descriptions, course objectives, changes made in any of the courses and new courses can be found in **Appendix G**.

The following course sequence is based on part time study over three academic years. It is expected that most students in this program will continue working as advanced practice nurses while enrolled in the DNP program.

<u>YEAR</u>	<u>COURSE TITLE</u>	<u>CREDIT</u>	<u>* DNP ESSENTIALS</u>
<i>Year I</i>			
<i>FALL</i>			
NUR 660	Philosophical Foundations for Health Care Research	3	1
NUR 651	Advanced Methods in Nursing Research I (Qualitative Approaches)	3	3
NUR 686	DNP Role Development (Practicum, 40 hrs.)	1	8
<i>SPRING</i>			
NUR 601	Foundations of Nursing Science	3	1
NUR 680	Informatics in Health Care Settings	3	4
NUR 686	DNP Role Development (Practicum, 40 hrs.)	1	8
<i>Year II</i>			
<i>FALL</i>			
NUR 652	Advanced Methods in Nursing Research II (Quantitative Approaches)	3	3
NUR 551	Theoretical Study of Nursing: Administration/Leadership	3	2, 6
NUR 686	DNP Role Development (Practicum, 40 hrs.)	1	8
<i>SPRING</i>			

NUR 549	Evidence Based Strategies in Health Care Program Evaluation	3	3
PHP 540	Introduction to Epidemiology	3	7
NUR 686	DNP Role Development (Practicum, 40 hrs.)	1	8
<i>Year III</i>			
<i>FALL</i>			
MBA 540	Organizational Decision Making and Design	3	2, 3, 6
HDF 527	Social and Health Care Policy	3	5, 6
NUR 686	DNP Role Development (Practicum, 40 hrs.)	1	8
<i>Year III</i>			
<i>SPRING</i>			
NUR 688	DNP Capstone Practicum and Project (270 hrs.)	6	8
NUR 686	DNP Role Development (Practicum, 40 hrs.)	1	8

TOTAL CREDITS 42

* For listing of DNP Essentials see **Appendix F**

b. Required courses in area of specialization

All courses listed in the program plan are required. The curricular changes needed to implement the program are listed in **Appendix H**.

c. Course distribution requirements

Does not apply

d. Total number of free electives

None

e. Number of credits required for completion of program

The total number of credits needed for completion of the DNP program is 42 and clinical practicum hours are 510. DNP programs range from 33-60 credits nationally. The 42 credit load at URI is comparable to the majority of programs across the country. According to AACN, clinical practicum hours must total 1000 hrs post baccalaureate or 500 hrs post masters. Additionally the 42 credits of course work in this program aligns closely with our 43 credit PhD program here at URI.

In order to adequately address the content and learning experiences necessary for students to achieve the expectations listed above, the professional curriculum is at least three academic years (part time) in length.

The proposed program meets the Essentials, and length of clinical experiences recommended by AACN.

f. Identify any course that will be delivered by way of distance learning.

After the first offering, NUR 680 Informatics in Health Care Settings will be offered part or fully online.

2. Describe the certification/licensing requirement

DNP students will have a registered nurse license and certification in their area of specialization on admission to the program. At this time, there are no other certifications or licensing requirements for graduates of the DNP. The

recognized national accreditation agency for BS and MS programs in nursing, The Commission on Collegiate Nursing Education (CCNE) is in the process of developing certification for DNP graduates. This certification will be based on the *Essentials of Doctoral Education for Advanced Nursing Practice* developed by AACN. Since the proposed program is designed to meet these *Essential* criteria it is expected that all graduates of this program will be well prepared to pass the future certification exam.

3. Include the learning goals (what students are expected to gain, achieve, know, or demonstrate by completion of the program) and requirements for each program.

Learning goals all stated as program outcomes and are aligned with the outcomes of the PhD, MS and BS Programs. These can be found in a table titled *College of Nursing Program Outcomes* on page 23 of the curricular package that follows the application in Appendix B.

4. Demonstrate that student learning is assessed based on clear statements of learning outcomes and expectations.

Please see the curriculum section which includes syllabi from each of the required courses in the program. Learning objectives for each course are aligned with program outcomes. Course requirements demonstrate how these learning objectives will be met and clearly describe expectations for each course.

F. FACULTY AND STAFF

1. Faculty who will be assigned to the program

The following pages list the current and proposed faculty needed to deliver the DNP Program.

a. **Name:** PATRICIA BURBANK

b. **Rank:** Professor

c. **Highest degrees held, granting institution, and area of study:**
DNSc, Nursing, Boston University, MS, Gerontology and Community Health Nursing, Boston University

d. **Relevant experience:** 33 years as an academic and educator;
Interdisciplinary RI Geriatric Education Center

e. **Tenure status:** Tenured

f. **Full-time or part-time status:** Full-time and Coordinator of Gerontological Clinical Nurse Specialist Concentration

g. **Percent of time to be spent in the proposed program:**
25% of teaching per year and 30% of advisement responsibilities

h. **Courses taught/to be taught:**

NUR 660 (Fall, Year I)

NUR 686 (Fall, Year I; Spring; Year III)

NUR 601 (Spring, Year I)

NUR 688 (Spring, Year III)

i. **New position or reassignment in whole or in part:**

This position is in the current budget. NUR 660 and NUR 601 are part of Dr. Burbank's current teaching assignments. One MS practicum course in the Spring semester and some advisees in the master's program will be

reassigned. This will be absorbed by the new full time faculty member being hired for Fall, 2008.

- a. **Name:** DENISE COPPA
- b. **Rank:** Associate Professor
- c. **Highest degrees earned, granting institution, and area of study:** Ph. D., Nursing, University of Rhode Island; MS, Nurse Practitioner, University of Colorado
- d. **Relevant experience:** 20 years as an academic and 23 years as a Family Nurse Practitioner
- e. **Tenure status:** Tenure Line
- f. **Full-time or part-time status:** Full time, also currently Coordinator of Family Nurse Practitioner Program
- g. **Percent of time to be spent in the proposed program:**
30% of advisement responsibilities including advisement for NUR 686, 25% teaching in the years she teaches NUR 680.
- h. **Courses taught/to be taught:**
NUR 680 (Spring, Year I)
NUR 686 (Spring, Year I; Spring Year II)
- i. **New position or reassignment in whole or in part:**
This position is in the current budget. One course in the Spring semester and some advisees in the master's program will be absorbed by the new full time faculty member being hired for Fall, 2008.

- a. **Name:** GINETTE G. FERSZT
- b. **Rank:** Associate Professor
- c. **Degrees earned, granting institution, and area of study:** Ph.D., Nursing, University of Rhode Island; MSN, Psychiatric Mental Health Nursing, University of Pennsylvania
- d. **Relevant experience:** 23 years as an academic and educator; 30 years as an advanced practice nurse
- e. **Tenure status:** Tenured
- f. **Full-time or part-time status:** Full time, also currently Coordinator of Psychiatric Mental Health Clinical Nurse Specialist Concentration
- g. **Percent of time to be spent in the proposed program:**
30% of advisement responsibilities including advisement for NUR 686.
- h. **Courses taught/to be taught:**
NUR 651 (Fall, Year I)
NUR 686 (Fall, Year I; Fall, Year III)
- i. **New position or reassignment in whole or in part:**
This position is in the current budget. NUR 651 is part of Dr. Ferszt's current teaching assignment. Some advisees in the master's program will be reassigned. This will be absorbed by the new full time faculty member being hired for Fall, 2008.

- a. **Name:** MARLENE DUFAULT
- b. **Rank:** Professor
- c. **Highest degrees earned, granting institution, and area of study:** Ph.D, Education, University of Connecticut; MS, Nursing Education, University of Rhode Island
- d. **Relevant experience:** 30 years as academic and 17 years as staff educator

- e. **Tenure status:** Tenured
- f. **Full-time or part-time status:** Full-time Coordinator of Hospital Administration Program, Rhode Island Hospital
- g. **Percent of time to be spent in the proposed program:** Dr. Dufault teaches NUR 549 as an elective course for MS and PhD students
- h. **Courses taught/to be taught:** NUR 549 (Spring, Year II)
- i. **New position or reassignment in whole or in part:** This position is in the current budget.

- a. **Name:** LAURIE LAUZON-CLABO
- b. **Rank:** Assistant Professor
- c. **Highest degrees earned, granting institution, and area of study:** PhD, Nursing, University of Rhode Island; MS, Nursing Administration, Dalhousie University, Halifax, Canada
- d. **Relevant experience:** 6 years as an academic and 10 years as a nurse administrator
- e. **Tenure status:** Tenure line
- f. **Full-time or part-time status:** Full-time and Coordinator of Nursing Administration Specialty
- g. **Percent of time to be spent in proposed program:** Dr. Lauzon-Clabo teaches NUR 551 as part of the nursing administration specialty in the master's program
- h. **Courses taught/to be taught:** NUR 551 (Fall, Year II)
- i. **New position or reassignment in whole or in part:** This position is in the current budget.

- a. **Name:** MARY SULLIVAN
- b. **Rank:** Professor
- c. **Highest degrees earned, granting institution, and area of study:** PhD, Nursing, University of Rhode Island; MS, Nursing, University of Nebraska
- d. **Relevant experience:** 15 years as an academic and 9 years as a clinician
- e. **Tenure status:** Tenured
- f. **Full-time or part-time status:** Full-time
- g. **Percent of time to be spent in proposed program:** Dr. Sullivan currently teaches NUR 652 as part of the PhD program
- h. **Courses taught/to be taught:** NUR 652 (Fall, Year II)
- i. **New position or reassignment in whole or in part:** This position is in the current budget.

- a. **Name:** PHIL CLARK
- b. **Rank:** Professor
- c. **Highest degree earned, granting institution, and area of study:** Sc.D. Harvard University and Post Doctoral Fellowship in Ethics and Social Policy, Wesleyan University.
- d. **Relevant experience:** 28 years as an academic and educator
- e. **Tenure status:** Tenured
- f. **Full-time or part-time status:** Full-time
- g. **Percent of time to be spent in proposed program:** Dr. Clark teaches HDF 527 as part of his teaching responsibilities in the Department of Human Development and Family Studies

- h. **Courses taught/to be taught**
HDF 527 (Fall, Year III)
- i. **New position or reassignment in whole or in part:**
This position is in the current budget.
- a. **Name:** BRIAN QUILLIAM
- b. **Rank:** Assistant Professor
Highest degree earned, granting institution, and area of study:
PhD, Epidemiology, Brown University
- d. **Relevant experience:** 5 years as an academic and educator
- e. **Tenure status:** Tenure line
- f. **Full-time or part-time status:** Full time
- g. **Percent of time to be spent in proposed program:**
PHP 540 is part of Dr. Quilliam's teaching responsibilities in the College of Pharmacy.
- h. **Courses taught/to be taught:**
PHP 540 (Spring, Year II)
- i. **New position or reassignment in whole or in part:**
This position is in the current budget.
- a. **Name:** LAURA BEAUVAIS
- b. **Rank:** Professor
- c. **Highest degree earned, granting institution, and area of study:**
PhD, Industrial/Organizational Psychology, University of Tennessee
- d. **Relevant experience:** 20 years as an academic and educator
- e. **Tenure status:** tenured
- f. **Full-time or part-time status:** Full time
- g. **Percent of time to be spent in proposed program:**
MBA 540 is part of Professor Beauvais's teaching responsibilities in the College of Business.
- h. **Courses taught/to be taught:**
MBA 540 (Spring, Year III)
- i. **New position or reassignment in whole or in part:**
This position is in the current budget. MBA 540 is a required course in the masters program in Business Management and is usually taught two times a year by two faculty members in the College of Business. In fall (2007) one of these faculty members left the University unexpectedly. This position has not yet been filled. Therefore the offering of MBA 540 to students in the DNP program is contingent on the hiring of a replacement faculty member. Since this course is not scheduled for DNP students until 2010, it is expected that this position will be filled and will be able to accommodate DNP students in the evening sections.
- 2. **Anticipated support staff**
No new support staff will be needed. The administration of this program can be handled by the current secretary of the graduate program and existing standing committees (e.g. Admissions) in the College.
- 3. **Annual costs for faculty and support staff:** No new costs.

G. STUDENTS

1. Potential students and primary source of students

The College of Nursing has received many inquiries regarding our plans to open a DNP program. At least 31 prospective students have indicated their intention to apply to a program at URI when it becomes available. Employers in the state have also indicated an interest in hiring the new DNP graduates in their institutions. Because the DNP program will be the only program in Rhode Island it is expected that one source for prospective students will be graduates from our own master's program in nursing.

2. Program size and projected annual enrollments for one full cycle

The projected enrollment is 8-10 students in a class for three years of study. We anticipate that the majority of students will be part time. During the first cycle we will accept only post master's students. As the program progresses, the plan is to accept post baccalaureate students. With increasing enrollments in the DNP program, it is expected that enrollments in our traditional master's level NP program will decrease and eventually be phased out. This will prevent any loss of enrollment due to premature phasing out of our traditional master's level NP program. Our intent is to be consistent with the AACN decree that in 2015 all NPs will be educated at the DNP level.

3. Indicate how the institution provides programs and services designed to assist students in achieving their academic goals.

The institution provides services such as the Academic Enhancement Center, computer services, library resources, access to financial aid, and a counseling center which are available to all graduate students to assist them to be successful in their programs.

4. Program admission and retention requirements for students

Admission to the DNP will be on a competitive basis. Requirements will include: Master's Degree in Nursing, National Certification as an Advanced Practice Nurse, RN licensure, the GRE national standardized test, two letters of recommendation, a standard Graduate School Application, and evidence (by official transcript) that the applicant passed NUR 500 and NUR 507 or equivalent courses.

An average G.P.A. of 3.0 must be maintained throughout the program in keeping with the requirements for all graduates at URI.

Student ability to benefit from the program will be assessed by passing rates on the certification examination once it is offered, and by employment figures.

Certification of our students in our Master's Program currently has a first try passing rate at 99%. It is anticipated that these numbers, while quite high, will continue.

5. Funds for assistantships, scholarships and fellowships

The same scholarship sources currently available in our Master's and PhD Degree Programs will be available to the DNP students. These include six graduate assistantships and approximately 11-12 traineeships each year, some of which can be used to cover part time study in the final year of study.

It is expected that most students in this program will be part time and will be functioning in their advance practice roles in their clinical agencies. They will most

likely be receiving some support from their employers or will be able to personally fund their education.

H. ADMINISTRATION

1. Program administration

The DNP Program will administratively reside in the College of Nursing under the Director of Graduate Studies and within the existing structure of MS and PhD programs. There will be no impact on the administrative structure of the College.

2. Titles of administrators and percent of time spent on program

Fifty percent of the Director of Graduate Studies in the College of Nursing's course load is allocated to coordinating the MS and PhD programs. When the program was initiated it was estimated that there would be approximately 12 to 15 students admitted per year. Over time, this number has decreased to 8-10. Therefore it is reasonable to expect that the director can also assume responsibility for coordinating the DNP program which is expected to admit 8-10 students per year.

3. Additional annual administrative salaries and related costs

There will be no additional administrative costs associated with the DNP.

I. INSTRUCTIONAL RESOURCES

1. Number and cost of relevant library materials needed

The holdings and subscriptions (including online subscriptions) of the Library currently support the Master's Degree and PhD degrees in Nursing. It is not expected that significant additional new resources that exceed the requests of the current program will be needed. Students in the program have additional online resources available from professional organizations. The current resources have met the standards of accreditation of CCNE.

The Library Impact Statement for the new courses are found in Appendix H, and for the DNP Program appears in Appendix I.

2. Instructional resources and support equipment

Other instructional resources and support will be similar to those existing in the current Master's and PhD degree programs in nursing.

No new resources or support equipment are needed.

3. Expenditures for instructional resources

N.A.

J. FACILITIES AND CAPITAL EQUIPMENT

1. Facilities and capital equipment

No new or renovated facilities or capital equipment are required.

The facilities and capital equipment needed to deliver the DNP program are similar to those needed for the current Master's Degree Program in Nursing. The proposed new courses that are classroom based require no additional capital equipment. Clinical agencies currently used by our MS students will also accommodate the DNP students for their practicum courses. White Hall is in full compliance with the Americans with Disabilities Act.

2. New or renovated facilities

No new or renovated facilities are required.

3. Estimate the annual additional expenditures for new program facilities and capital equipment. (Include this information on the budget form, which can be found at www.ribghe.org/publicreg.htm.)

No new expenditures, new facilities or capital equipment are required. See budget form documenting this.

4. Indicate whether the needed facilities are included in the institution's master plan.

No new facilities are required.

5. Provide assurance that the institution's chief academic officer has worked with the facilities director (or equivalent) in the development of assessments and estimates regarding facilities and capital equipment and that they agree on the adequacy of estimates.

This proposal was approved by the provost and the budget office.

K. FINANCIAL CONSIDERATIONS

1. Expenditures of one full program cycle

N.A.

2. Revenue estimates should be provided for a similar period of time. For a new program, the appropriateness and feasibility of instituting differential tuition and/or fees should be addressed.

N.A.

3. Describe how current institutional resources will be redeployed or extra institutional resources will be obtained to support the program (e.g., describe program eliminations, staff reallocations and/or external sources of monies). N.A.

4. Provide assurance that the institution's chief academic officer has worked with budget director and controller in the development of the financial projections and that they agree on the adequacy of the estimates.

N.A.

L. EVALUATION

1. Performance measures by which program will be evaluated

We are dedicated to graduating doctors in nursing practice who can function autonomously within a variety of settings in Rhode Island and nationwide; who value the need for and use of evidence in practice and who are

committed to professional development through life long learning and are active contributors to their communities. The program aspires to advance the theory and practice of nursing and provide service to the University, state, and nation. The program works to promote the profession, interacting with communities and related disciplines.

The College of Nursing received very positive comments regarding their Master Evaluation Plan (MEP) during their two accreditation cycles. The DNP program like other programs in the College of Nursing will follow the established program evaluation procedure. The College's Master Evaluation Plan details the multiple sources of information and the various evaluation methods that are used by the College to monitor course and program effectiveness. It is the responsibility of the College's Program Evaluation Committee (PEC) to oversee this systematic process. It does this in accordance with its policy regarding review and maintenance of records, with appropriate consideration given to the balance of confidentiality and disclosure. The core of the Master Evaluation Plan has been in use for many years. It is reviewed biannually and has been found to be a very functional tool for our evaluative purposes. The MEP considers:

1. INPUTS – students, faculty, and what they bring to the learning environment; beliefs, outcomes, and resources of the programs; social forces impacting on the program, faculty, and students.
2. PROCESS – teaching and learning conditions in which students and faculty interact
3. OUTCOMES – student and graduate achievement and satisfaction with the programs; faculty accomplishments; and program impact on the community.

To determine *course* effectiveness, students complete end-of-course evaluations and give verbal feedback to faculty during the courses. Individual clinical faculty and lead teachers elicit feedback on a regular basis from clinical agency personnel. Faculty participate in course evaluations by having end-of-course discussions with other faculty, summarizing student feedback, and reviewing student outcome performance.

To determine *program* effectiveness, the PEC conducts end-of-program student surveys, 1- and 5- year post graduation surveys, and employer surveys. The Program Directors along with the Associate Dean monitor student admission rates. The Dean oversees three advisory groups, in an effort to elicit input from faculty, community leaders and students related to satisfaction and student achievement.

As indicated above, the College collects and analyzes a variety of data in an ongoing effort to determine satisfaction as well as achievement of our graduates. Results indicate that the College is effective in producing graduates who successfully assume the specified roles upon graduation and continue in their development to move into advanced leadership roles.

2. Describe and quantify the program's criteria for success.

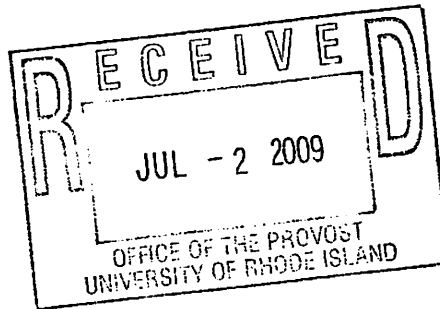
As described in previous section, program success will be measured by positive program evaluations, graduation rates, and successful employment of graduates as reported in 1 and 5 year post graduation surveys. In addition,

3. Specialized accreditation

The Commission on Collegiate Nursing Education (CCNE), the accrediting agency for nursing programs, is currently developing accreditation standards based on the AACN Essentials document. The College of Nursing will seek accreditation of this DNP program as soon as possible. As of February 2008, CCNE is requesting notification within 60 days of the implementation of a new DNP program.

**Rhode Island Board of Governors
for Higher Education**
The Hazard Building
74 West Road
Cranston, RI 02920

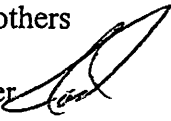
Telephone 401-462-9300
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*cc: Dayle Joseph
Sheila Grossman*

June 30, 2009

TO: President Carothers

FROM: Jack R. Warner 

SUBJECT: Approval of URI's Proposal to Offer a Doctor of Nursing Practice Degree Program (DNP)

This correspondence will confirm the action taken by the Rhode Island Board of Governors for Higher Education on the above referenced item at their meeting on June 29, 2009.

VOTED: THAT the Board of Governors for Higher Education approves the University of Rhode Island's proposal to offer a Doctor of Nursing Practice (DNP)

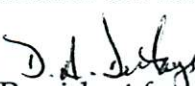
c. Donald DeHayes
Deborah Grossman-Garber
Dayle Joseph



MEMORANDUM

TO: Jack R. Warner, Commissioner
Office of Higher Education

Deborah Grossman-Garber
Assistant Commissioner of Planning and Policy

FROM: Donald DeHayes 
Provost and Vice President for Academic Affairs

DATE: March 30, 2009

SUBJECT: Response to Deborah Grossman-Garber's questions dated, February 17, 2009 regarding
the Doctorate of Nursing Practice degree

Enclosed is the response to the questions of Deborah Grossman-Garber on the proposal for a Doctorate of Nursing Practice degree. The proposal was approved by all relevant academic units, including the College of Nursing on February 15, 2008; the Graduate School on April 18, 2008; the Faculty Senate on November 20, 2008; and President Robert L. Carothers on November 26, 2008. In addition, an external consultant, Dr. Jean DeMartinis from the Nursing School at the University of Massachusetts at Amherst, as requested by the OHE, currently is reviewing the proposal.

The DNP will offer an alternative to the Ph.D. for nurses seeking a terminal degree in nursing practice and produce advanced nurses at the highest level of clinical practice. With national attention on the quality and cost of healthcare as well as the shortage of nursing practitioners and leaders, this program is timely and relevant.

Feel free to contact me directly if you have any questions.

dr

Enclosure

c: Robert L. Carothers, President
Sheila B. Grubman, Coordinator, Faculty Senate
Patricia M. Burbank, Professor
Dayle F. Joseph, Dean, Nursing



MEMORANDUM

TO: Jack R. Warner, Commissioner
Office of Higher Education

Deborah Grossman-Garber
Assistant Commissioner of Planning and Policy

FROM: Donald DeHayes *D. DeHayes*
Provost and Vice President for Academic Affairs

DATE: March 30, 2009

SUBJECT: Doctorate of Nursing Practice degree

I am writing in response to Deborah Grossman-Garber's questions on the Doctorate of Nursing Practice degree. Below are the answers to the questions raised.

Overall Program

1. Have you developed and vetted this proposal in conjunction with an external advisory board and/or the external professional nursing community in Rhode Island? If so, please list the names and affiliations of the members. If not, please explain why you would not choose to do so.

The DNP program has been reviewed by the existing Dean's Advisory Committee consisting of members from the professional nursing community and business community. Their responses were positive. A separate external DNP advisory committee will be convened following approval of the DNP program. This committee will consist of two chief nurse executives from area hospitals, a physician, and a DNP faculty member from a neighboring university. The purpose of this committee will be to consult on curricular and recruitment issues, to assist with evaluation, and to act as liaisons with area health care agencies.

Faculty

2. The proposal states that staffing of courses is predicated on the hire of a new tenure-line nursing faculty member, scheduled for fall 2008. Has this occurred? If not, how do you propose to compensate?

The proposal states that no new faculty will be needed. A new tenure-line faculty member was hired in 2008. Dr. Alicia Curtin, is a Gerontological Nurse Practitioner. She has the expertise to assist with clinical experiences, and her faculty role with DNP students will be supplementary rather than primary.

3. *Given that the program is heavily dependent upon the "DNP Role Development Practicum," what measures have you taken to ensure that your students will have steady access to top clinical training opportunities? We pose this question because of the perception that there has been a shortage of clinical placements in the past.*

Because of the large numbers of undergraduate nursing students in all nursing programs in the state, clinical placement of students at this level has presented some challenges in the past. The DNP program will prepare an entirely different sort of practitioner. As the only nursing graduate program of its type in the state, the clinical placements for DNP students have an entirely different purpose. We have excellent relationships with the clinical sites and practitioners that we utilize for our Masters clinical placements. Nursing administrators at those sites have indicated an eagerness to support this new role development through providing placements for our DNP students. Additionally, many non-traditional clinical sites such as the Department of Health will be used for clinical placements for this new role. Due to the nature of these clinical experiences, we anticipate that many of these unique clinical experiences have the potential to enrich the Rhode Island clinical agencies through creative projects and the strengthening of university-clinical partnerships.

Curriculum

4. *Is there a plan for upgrading other nursing master's programs at URI? How will this take shape, what is the timeline, and are there any implications for the DNP Program?*

At this time, the DNP program is being proposed as a post-Masters program. We plan to begin at this level to evaluate the student, faculty and employer response, and to make any revisions in the program accordingly. There are many Masters-prepared nurses in the state and region who are waiting for the DNP program to begin. After this initial post-Masters group has completed the program and with the American Association of Colleges of Nursing mandate of a DNP required for advanced practice nurses by 2015, it is anticipated that interest in Masters-level education for advanced practice will diminish and admissions into our advanced practice Masters concentrations will be suspended as the DNP admits post-baccalaureate students. We are taking this conservative approach to closing our current advanced practice Masters programs in order to maximize our admissions and increase revenues. It would not seem to be financially responsible to close our Masters programs prior to this time. An expansion of the current DNP curriculum to include a post-baccalaureate program has been planned to be phased in beginning in the fall of 2011. This post-baccalaureate program will incorporate 18 credits of existing Masters courses in the specialty concentrations plus 7 credits of existing Masters core courses, NUR 500 and 507.

5. *Will the DNP, as it is presently configured, require revision once post-B.S. students become eligible for admission? If so, how?*

The DNP curriculum, as it currently is being proposed, will not require revision once baccalaureate students are admitted. However, 25 additional credits from our current Masters program will be added and the order in which students take the courses will be revised. For example, the existing Masters core course, NUR 500, NUR 507, the 2 research courses, and NUR 641 may be taken prior to or concurrently with the 18 credits of existing Masters concentration specialty courses. The remaining DNP courses will be taken following completion of the existing Masters concentration specialty courses.

Students

6. *There is some concern that non-URI MSNs may not qualify for ready admission into the URI program. For example, we understand that in the RIC MSN curriculum, the content of URI NUR 500 and URI NUR 507 is integrated throughout the program. Will students with RIC or other non-URI master's degrees be qualified to begin the program or will they have to take seven additional credits to qualify for admission?*

This DNP curriculum is built on a strong conceptual and theoretical background. Thus it is important for applicants to have successfully completed this content in their Masters programs. The two courses in our Masters program that address this content are NUR 500 and NUR 507. The statement in the proposal regarding the admission requirement of "evidence (by official transcript) that the applicant passed NUR 500 and NUR 507 or equivalent courses" is meant to emphasize the importance of a strong theoretical background, not to act as a deterrent to admission of qualified students. We anticipate that very few applicants will be deficient in theory background. In the case of Rhode Island College graduates, we expect that most would have this content. If it is determined that it is missing, however, students will be asked to take NUR 500 and/or 507 prior to beginning the DNP courses.

Budget

7. *The proposal asserts that there will be no new costs for delivering the DNP program. However, we know that there are both real and opportunity costs associated with all educational programs in higher education. Please provide a budget of anticipated personnel costs and other expenditures. Where an individual faculty member will be released from teaching certain courses, indicate the consequent cost for covering that course, whether by assigning the course to another tenure-line faculty member or by hiring an adjunct.*

There are no new anticipated expenses with this program. This program is seen as revenue generating not revenue depleting. We have a history of success with beginning new programs by reallocating resources rather than requiring additional resources as our Ph.D. program was started in this way and has been very successful.

The major reasons for this are as follows:

- Only one new didactic course, Information Systems and Technology, is being proposed. This course will be open to other disciplines and offered through CCE as a self-supporting course. All other required didactic courses in the DNP are currently being taught either in the College of Nursing or in other colleges across campus. Two strengths of this program are the integration of DNP students with Ph.D. nursing students in four courses and interdisciplinary education in three other courses taken outside the College of Nursing. Because of this, there is no need for faculty to be released from teaching other courses to teach didactic courses in the DNP program.
- Clinical role practicums will be supervised by existing Masters and Doctoral faculty in collaboration with nursing leaders in health care agencies. While there may be an initial brief increase in the number of students supervised by our faculty, this is included in our graduate faculty's teaching load. We anticipate that as the numbers of students in the DNP program increase, the numbers in our Masters programs will decline, making the faculty teaching load comparable to their current load. Our faculty will be shifting their clinical supervision from current Masters student supervision and advisement to DNP student supervision and advisement.

- The capstone project will replace the final major papers for Masters students. Faculty time for these will also be shifting from major paper advisement for Masters students to capstone advisement for DNP students.
- No new library expenditures will be required as the resources provided for our current Masters and Ph.D. programs will be sufficient for the new DNP program.

I hope that these answers satisfy the questions that have been raised. Please do not hesitate to contact me if you require further clarification.

cc: Robert L. Carothers



MEMORANDUM

TO: Jack R. Warner, Commissioner, Office of Higher Education

FROM: Robert L. Carothers, President

DATE: December 15, 2008

SUBJECT: Proposal for a Doctor of Nursing Practice

Enclosed is the proposal for a Doctor of Nursing Practice (DNP). The proposal was approved by all relevant academic units, the College of Nursing on February 15, 2008, and the Graduate School on April 18, 2008. The Faculty Senate on November 20, 2008, and I approved it on November 26, 2008.

The DNP has been designed to offer an alternative to the Ph.D. for nurses seeking a terminal degree in nursing practice, and produces advanced practice nurses at the highest level of clinical practice. The changing demands of the nation's complex health care environment require that nurses serving in specialty positions have the highest level of scientific knowledge and practice expertise possible. In October 2004, The American Association of Colleges of Nursing (AACN) adopted the goal that preparation for specialization in nursing should occur at the doctoral level by 2015. The Doctor of Nursing Practice (DNP) degree will meet this need for advanced knowledge and practice expertise.

The new program will use existing departmental faculty and support staff. Furthermore, the students in this program will share common courses with our current Doctor of Philosophy in Nursing, thus further maximizing resources and creating a common curriculum for certain parts of the degree.

I look forward to a positive review and positive action on this proposal. Donald H. DeHayes, Provost and Vice President for Academic Affairs, will serve as the University's contact. Please feel free to contact him directly if you have any questions.

dr

enclosures

c: Deborah Grossman-Garber
Don DeHayes
Sheila Black Grubman
Dayle Joseph
Patricia Burbank